



2011 Adult Volleyball Registration Form

Entry Fee must accompany this form. You may register by mail, in person, online, or over the phone with a credit card 651-558-2255. No personal checks.

Business checks will be allowed payable to: St. Paul Municipal Athletics
1500 Rice St.
St. Paul, MN 55117

*Registration taken June 13-Aug. 5
or earlier if league fills.*

Play begins Sept. 15

Fall 2011

Manager: _____

Address: _____ City: _____ Zip: _____

Home Phone: _____ Work: _____ Cell: _____

Email: _____

Team Name: _____

Special Request: _____

Division of Play _____ Women's C/D _____ Co-Rec C/D _____

I have read the enclosed policy and will relay it to my team. I will be responsible for the conduct of my team.

Manager/Team Representative _____

How did you hear about us?

City Website _____ Rec. Center _____ Municipal Athletics _____ Friend _____ Other _____

Office Use Only

Date Received _____

Amount _____ Cash _____ Check # _____

CC # _____ Exp. ____/____/____

Receipt # _____ Staff Initials _____

